



Traumatic Stress: Prevalence and Consequences

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Overview

- Prevalence of traumatic events
 - Consequences of exposure
 - Posttraumatic stress disorder (PTSD)
 - rates
 - MH co-morbidity
 - chronicity
 - Other types of dysfunction
 - functional impairment
 - physical health
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Prevalence of Traumatic Events



Prevalence of Trauma

Investigator	Population (n)	version	Lifetime (%)
Breslau et al. (1998)	Detroit (2181) 18-45 years	DSM-IV	89.6%
Kessler et al. (1995)	National (5877) 15-54 years	DSM-IIIIR	M = 60.7% F = 51.2
Norris (1992)	Southeastern U.S. (1000) non-random	DSM-IIIIR	69.0
Resnick et al. (1992)		DSM-IIIIR	68.9



Rates of Different Types of Traumatic Events

Types of Trauma –Lifetime Prevalence

ANY TRAUMA 90%

■ Assaultive Violence 38%

- Combat 2%
- Rape 5
- Torture 2
- Shot/stabbed 5
- Mugged 26
- Badly beaten 11

■ Serious car crash 28 %

■ Other injury 14

■ Natural disaster 17

■ Child deathly ill 3

■ Witness killing/injury 29

■ Discover body 8

■ Learning of above
traumas to others 63

■ *Sudden death loved one 60

Breslau, Kessler, Chilcoat et al. 1998

*New to DSM-IV



Consequences of Exposure

Mental Health Effects

DSM-IV PTSD Criteria:

- A. Exposure to trauma
 - A1) actual or threatened death or serious injury to self or others; and
 - (A2) response involved fear, helplessness, or horror
 - B. Intrusion symptoms (1+)
 - C. Avoidance/numbing symptoms (3+)
 - D. Arousal symptoms (2+)
 - E. Sx duration > one month
 - F. Impaired functioning (new in DSM-IV)
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Post-Traumatic Stress Disorder

Conditional risk from randomly-selected trauma

Overall, any exposure

9.2%

Assaultive violence	20.9
Natural disaster	3.8
*Sudden, unexpected death of friend/relative	14.3
Child's life-threatening illness	10.4
Learning about trauma to friend/relative	2.2

PTSD Symptom Duration (mean)

per event

7 years

per lifetime

20+ years

*New to DSM IV

Breslau , Kessler, Chilcoat et al. 1998



PTSD Mediates between Trauma and Mental Health

Mental Health Consequences of PTSD

(Odds Ratios: with PTSD versus without PTSD)

■ **Mental Disorders** (first onset)

	<u>men</u>	<u>women</u>
➤ Major depressive episode	5.7*	3.4*
➤ Dysthymia	5.3*	4.4*
➤ Mania	15.5*	4.1
➤ Gen. anxiety disorder	5.3*	2.9*
➤ Panic disorder	4.6*	3.1*
➤ Alcohol dependence	3.0*	3.2*
➤ Drug dependence	3.7*	4.2*

■ **Suicide Attempts**

6.0



Other Consequences

Functional Impairment

Impairment: Social and Financial Functioning

Impairment	PTSS(%)	Depressive(%)	No Disorder(%)
N=2017			
■ Social support	33.2	35.5	7.8
■ Marital	18.1	13.2	9.5
■ Missed work**	6.3	5.9	1.5
■ Didn't work			
past year	29.7	40.5	23.6
■ Insuffic income	19.7	20.9	6.1
■ Food stamps	14.6	2.2	5.3
■ Medicaid	10.5	6.0	2.8
■ Disability	17.0	6.7	3.3
■ Welfare	6.7	0	1.7



Other Consequences

Physical Health Effects

Traumatic Events and Physical Health

Trauma Populations

Disaster victims
Refugees
Hostages
Rape victims
Battered women
Abuse victims
Assault victims
Combat veterans
Prisoners of war
Concentration camp survivors

Physical Outcomes

Greater mortality

Heart disease
Stroke
Cancer
Lung disease
Gastrointestinal disease
Chronic pain
Fibromyalgia
Musculoskeletal
Diabetes
Hepatitis
Infectious diseases

ETC.



PTSD Mediates between Trauma and Physical Health

PTSD and Physical Health

PTSD increases risk for serious and chronic disease

- circulatory
- digestive
- musculoskeletal
- endocrine
- respiratory
- Infectious

Green BL and Kimering R (in press)

PTSD and Physical Health, Cont.

PTSD effects remain after controlling for: (b)

- Intelligence
- race
- region of birth
- medical profile
- hypochondriasis
- smoking
- substance abuse
- education

■ Kessler, Zhao, Katz, et al. (1999)

Less Prevention

Trauma victims are less likely than others to practice prevention:^(a)

- fewer preventive healthcare visits
- more smoking
- more obesity
- less physical exercise
- more alcohol problems
- more illicit drug use
- more sexual partners
- less seat belt use ^(b)

(a) Felitti, Anda, Nordenberg, Williamson, et al (1998)

(b) Springs & Friedrich (1992)



Summary

Summary-Trauma and PTSD

- Trauma affects up to 90% of people
 - Assaultive violence has the highest associated rate of PTSD
 - Over 9% of the population suffer from PTSD sometime in their lives
 - Average lifetime PTSD duration is over 20 years
 - PTSD sufferers at substantially increased risk for:
 - other psychiatric disorders
 - substance abuse problems
 - suicide
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Summary-

Functional Impairment and Physical Disease

- PTSD increases risk for debilitating problems in social and occupational functioning
 - PTSD increases risk for serious physical diseases
 - Trauma victims practice less disease prevention
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